Nottinghamshire Hospice
adding life to days

STANDARD OPERATING PROCEDURE (SOP015)

Subject	**GROUP A STREPTOCOCCAL INFECTION: TREATMENT AND MANAGEMENT** (This policy is subject to periodic review and will be amended according to service development needs)
Applicable to	This policy applies to all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice
Date issued	Aug 2021
Next review date	July 2024
Lead responsible for Policy	Director of Care
Policy Reviewed by	Infection Prevention and Control Team Care Service Team
Notified to	Quality and Safety Group
Authorised by	Board of Trustees
CQC Standard	
Links to other Policies	Infection Prevention and Control Policy
Summary	This document aims to provide a clear understanding of Nottinghamshire Hospices Infection Control Policy.
Target Audience	The policy aimed at all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice

1.0 Purpose

The Health and Social Care Act 2008 (DH 2015) reinforces the need for staff to have access to appropriate guidance and information that will help to prevent and control infections. It also highlights that individuals that develop infections need to be identified promptly and treated appropriately to prevent the risk of infection spreading. This Standard Operating Procedure has been developed to provide information on the management of Group A Streptococcus (GAS) infection also called *Streptococcus pyogenes.*

GAS is commonly found in the throat and on the skin and can cause a large variety of infections. Most GAS infections are relatively mild e.g. streptococcal throat or impetigo; however, occasionally these bacteria can cause severe life threatening infections e.g. necrotising fasciitis and toxic shock syndrome and are referred to as Invasive Group A Streptococcus or iGAS.
This Standard Operating Procedure will describe the care of individuals that have Group A Strep isolated from wound swabs or throat swabs in primary care.

1. Definitions

Invasive GAS Infection - Where GAS has been isolated from a normally sterile site such as blood, cerebrospinal fluid, joint aspirate, bone or deep tissue abscess, in combination with a severe clinical presentation, such as streptococcal toxic shock syndrome or necrotizing fasciitis. Invasive GAS is a notifiable disease; Public Health England will be notified by the laboratory processing the clinical sample.

Peri-partum GAS Infection - Isolation of GAS in the mother up to 7 days post discharge or delivery in association with a clinical infection, such as endometriosis or wound infection.

Outbreaks of GAS Infection - Two or more cases of suspected GAS infection related by person or place. These cases will usually be within a month of each other but the interval may extend to several months. Laboratory typing from culture-proven cases is needed to confirm that cases are related. Outbreaks of GAS have been known to occur in surgical, obstetric and burns patients. The Infection Prevention and Control Team are maintaining a database of individuals affected by GAS infections that are being cared for by health and social care providers and will review each quarter if there are any incidences of infection related by person or place. If this occurs heightened surveillance will occur and may result in swabs being taken from health care staff caring for the individual. This will be done in conjunction with Occupational Health and an individual plan for clearance screening from staff will be instigated. This will be reported through the quarterly health care associated infection report.

Risk Factors

Invasive disease as defined above most commonly occurs in adults, while non-invasive disease is common in children. Individuals who are at a higher risk of the disease include the following:

- Immunocompromised
- People with long term conditions such as Diabetes and respiratory conditions
- Those who have skin lesions / wounds
- The elderly
- Those with a history of drug or alcohol abuse

Mode of Transmission
GAS can be transmitted by:

- Large respiratory droplets especially from those with acute respiratory tract infections.
- Direct contact with infected patients or asymptomatic carriers.
- Contaminated environments particularly soft furnishings such as curtains and fabric chairs.
- Healthcare workers hands can also be a source of transmission.

The Incubation period is one to three days. There is a high risk of spread in patients who are symptomatic, until treated with appropriate antibiotics for 48 hours or until showing definite clinical signs of improvement.

2. Equipment required when caring for someone that has Group A Strep Isolated from a Swab or Sample in the Community

- Liquid soap / paper towels / alcohol hand gel
- Disposable nitrile gloves
- Disposable apron
- Single use / single patient use equipment where possible
- Procedure pack if undertaking a wound dressing
- Sodium hypochlorite 1000 parts per million (Chlor Clean, Clinell sanitising wipes)

3. Procedure

Step	Action	Rationale /outcome	Risk management/additional direction
1.	Ensure the patient is aware of the swab / sample result and has the opportunity to ask any questions about the bacteria that has been isolated from the swab / sample.	To ensure the patient has all the information they require to help them understand the best way to prevent transmission to others and to reduce the risk of further infection for themselves.	Provide the individual or the person caring for the individual the leaflet entitled Caring for Someone who has an infection or who is at risk of infection. This details the signs and symptoms of sepsis and what to be aware of and when to seek further help.
2.	Ensure healthcare staff in any environment caring for an individual with Strep A has access to gloves and aprons for personal care and wound care.	To reduce the risk of hand contamination and prevent further infection for the individual.	
3.	Ensure there is liquid soap and paper towels available for all staff to be able to wash and dry hands effectively. If liquid soap and water is not available then access to alcohol gel must be provided.	To ensure hand hygiene can be undertaken in line with the Nottinghamshire Hospice hand hygiene policy.	
4.	Ensure dressings are undertaken in a clinical treatment room with a vinyl floor if possible. In all situations ensure the environment is cleaned following dressing changes with detergent solution and hypochlorite 1000ppm. (Clinell sanitising wipes or chlor clean)	To prevent the risk of environmental contamination and further spread of infection to other individuals.	

5.	No further swabs are needed unless signs of infection continue.	Once patient has been on antibiotics and the site affected is clinically improving then the risk of infection spreading is reduced.	